

<i>SERFF Tracking Number:</i>	<i>UHLC-126326279</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>UnitedHealthcare Insurance Company</i>	<i>State Tracking Number:</i>	<i>43646</i>
<i>Company Tracking Number:</i>	<i>BA25014AR</i>		
<i>TOI:</i>	<i>MS08G Group Medicare Supplement - Standard Sub-TOI:</i>		<i>MS08G.001 Plan A 2010</i>
	<i>Plans 2010</i>		
<i>Product Name:</i>	<i>Medicare Supplement</i>		
<i>Project Name/Number:</i>	<i>MIPPA/BA25014AR</i>		

Filing at a Glance

Company: UnitedHealthcare Insurance Company

Product Name: Medicare Supplement	SERFF Tr Num: UHLC-126326279	State: Arkansas
TOI: MS08G Group Medicare Supplement - Standard Plans 2010	SERFF Status: Closed-Filed	State Tr Num: 43646

Sub-TOI: MS08G.001 Plan A 2010	Co Tr Num: BA25014AR	State Status: Filed-Closed
Filing Type: Advertisement	Author: Michelle Ambach	Reviewer(s): Stephanie Fowler
	Date Submitted: 09/30/2009	Disposition Date: 11/03/2009
		Disposition Status: Filed
Implementation Date Requested: On Approval		Implementation Date:

State Filing Description:

General Information

Project Name: MIPPA	Status of Filing in Domicile: Not Filed
Project Number: BA25014AR	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Group
Submission Type: New Submission	Group Market Size: Large
Overall Rate Impact:	Group Market Type: Association
Filing Status Changed: 11/03/2009	Explanation for Other Group Market Type:
	State Status Changed: 11/03/2009

Deemer Date:	Created By: Michelle Ambach
Submitted By: Michelle Ambach	Corresponding Filing Tracking Number:

Filing Description:

Enclosed for your information and review are proof copies of advertising material for use in connection with the AARP group health insurance program. This advertising is new and does not replace material previously approved by the Department.

The definitions, disclosures, eligibility requirements, exclusions, limitations, Group Policy Form No. GRP 79171 GPS-1, as well as, the statement, "...not connected with, or endorsed by, the U.S. Government or the federal Medicare program," can be found in BA25014AR and GU25003AR, which are attached for your review.

The Standardized Medicare Supplement/Select Certificates were previously submitted to the Department on 9/4/09,

SERFF Tracking Number: UHLC-126326279 State: Arkansas
 Filing Company: UnitedHealthcare Insurance Company State Tracking Number: 43646
 Company Tracking Number: BA25014AR
 TOI: MS08G Group Medicare Supplement - Standard Sub-TOI: MS08G.001 Plan A 2010
 Plans 2010
 Product Name: Medicare Supplement
 Project Name/Number: MIPPA/BA25014AR
 SERFF#UHLC-126263862.

Standardized Medicare Supplement Certificates: MDA 0001 – MDN 0007 (Non-Agent Sales Only)
 Standardized Medicare Supplement Certificates: MAA 0010 – MAN 0016 (Agent Sales only)
 Standardized Medicare Select Certificate: MDSC 0008, MDSF 0009 (Non-Agent Sales Only)
 Standardized Medicare Select Certificate: MASC 0017, MASF 0018 (Agent Sales only)

Company and Contact

Filing Contact Information

Susan Cipollo, Director Susan_J_Cipollo@uhc.com
 680 Blair Mill Rd. 215-902-8444 [Phone]
 Horsham, PA 19044 215-902-8813 [FAX]

Filing Company Information

UnitedHealthcare Insurance Company	CoCode: 79413	State of Domicile: Connecticut
450 Columbus Boulevard	Group Code: 707	Company Type: Life and Health
PO Box 150450	Group Name:	State ID Number:
Hartford, CT 06115-0450	FEIN Number: 36-2739571	
(860) 702-5000 ext. [Phone]		

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	STATE REQUIRED FEE
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
UnitedHealthcare Insurance Company	\$50.00	09/30/2009	30963663

SERFF Tracking Number: UHLC-126326279 *State:* Arkansas
Filing Company: UnitedHealthcare Insurance Company *State Tracking Number:* 43646
Company Tracking Number: BA25014AR
TOI: MS08G Group Medicare Supplement - Standard Sub-TOI: MS08G.001 Plan A 2010
Plans 2010
Product Name: Medicare Supplement
Project Name/Number: MIPPA/BA25014AR

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed	Stephanie Fowler	11/03/2009	11/03/2009

SERFF Tracking Number:	UHLC-126326279	State:	Arkansas
Filing Company:	UnitedHealthcare Insurance Company	State Tracking Number:	43646
Company Tracking Number:	BA25014AR		
TOI:	MS08G Group Medicare Supplement - Standard Sub-TOI:		MS08G.001 Plan A 2010 Plans 2010
Product Name:	Medicare Supplement		
Project Name/Number:	MIPPA /BA25014AR		

Disposition

Disposition Date: 11/03/2009

Implementation Date:

Status: Filed

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>UHLC-126326279</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>UnitedHealthcare Insurance Company</i>	<i>State Tracking Number:</i>	<i>43646</i>
<i>Company Tracking Number:</i>	<i>BA25014AR</i>		
<i>TOI:</i>	<i>MS08G Group Medicare Supplement - Standard Sub-TOI:</i>		<i>MS08G.001 Plan A 2010</i>
	<i>Plans 2010</i>		
<i>Product Name:</i>	<i>Medicare Supplement</i>		
<i>Project Name/Number:</i>	<i>MIPPA /BA25014AR</i>		

Schedule	Schedule Item	Schedule Item Status	Public Access
Form	WRAP	Filed	Yes
Form	GUIDE	Filed	Yes

SERFF Tracking Number: UHLC-126326279 State: Arkansas

Filing Company: UnitedHealthcare Insurance Company State Tracking Number: 43646

Company Tracking Number: BA25014AR

TOI: MS08G Group Medicare Supplement - Standard Sub-TOI: MS08G.001 Plan A 2010
Plans 2010

Product Name: Medicare Supplement

Project Name/Number: MIPPA /BA25014AR

Form Schedule

Lead Form Number: BA25014AR

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Filed 11/03/2009 R	BA25014A	Advertising	WRAP	Initial		45.000	BA25014AR.pdf
Filed 11/03/2009 R	GU25003A	Advertising	GUIDE	Initial		45.000	GU25003AR.pdf

Your Guide to AARP Medicare Supplement Insurance Portfolio of Plans

How to Use Your Guide

This Guide contains detailed information about the AARP Medicare Supplement Insurance Plans.

The AARP Medicare Supplement Insurance Portfolio of Plans, insured by UnitedHealthcare Insurance Company, provides a choice of benefits to AARP members, so you can choose the plan that best fits your individual supplemental health insurance needs.

To help you choose the AARP Medicare Supplement Plan to meet your needs and budget:

- Look at the Cover Page which shows the benefits of each Medicare supplement plan and indicates any specific provisions that may apply in your state. Also be sure to review the Monthly Premium information. Benefits and cost vary depending upon the plan selected.
- For more information on a specific plan, look at the chart(s) which outline(s) the benefits of that plan. The detailed chart(s) show(s) the expenses Medicare pays, the benefits the plan pays and the specific costs you would have to pay yourself.

If you have any questions, call toll free, 1-800-523-5800, any weekday from 7 a.m. to 11 p.m. or Saturday from 9 a.m. to 5 p.m., Eastern Time. For members with speech or hearing impairments who have access to TTY, call 711 weekdays from 9 a.m. to 5 p.m., Eastern Time. Hablamos español — llame al 1-800-822-0246, de lunes a viernes, de las 8 a.m. a las 5 p.m. y sábado de las 9 a.m. a las 5 p.m., hora del este.

Eligibility to Apply

To be eligible to apply, you must be an AARP member or spouse of a member, age 65 or older, enrolled in both Part A and Part B of Medicare, and not duplicating any Medicare supplement coverage.

Important Acceptance Information

- Your acceptance in any plan is guaranteed during your Medicare supplement open enrollment period which lasts for 6 months beginning with the first day of the month in which you are both age 65 or older and enrolled in Medicare Part B.
- If you lose health insurance coverage and are an eligible AARP member, you may be considered an “Eligible Person” entitled to guaranteed acceptance and you may have a guaranteed right to enroll in certain AARP Medicare Supplement Plans under specific circumstances. You are required to:
 1. Apply within the required time period following the termination of your prior health insurance plan.
 2. Provide a copy of the termination notice you received from your prior insurer with your application. This notice must verify the circumstances of your prior plan's termination and describe your right to guaranteed issue of Medicare supplement insurance.

If you have any questions on your guaranteed right to insurance, you may wish to contact the administrator of your prior health insurance plan or your local state department on aging.

Glossary of Terms

Medicare Eligible Expenses are the health care expenses of the kinds covered under Medicare Parts A and B that Medicare recognizes as reasonable and medically necessary. Physicians under Medicare can agree to accept Medicare's eligible expense as their fee amount. Your physician or surgeon may charge you more.

Excess Charge is the difference between the actual Medicare Part B charge as billed, not to exceed any charge limitation established by the Medicare program or state law, and the Medicare-approved Part B charge.

Hospital or Skilled Nursing Facility — A hospital is an institution that provides care for which Medicare pays hospital benefits. A skilled nursing facility is a facility that provides skilled nursing care and is approved for payment by Medicare. The skilled nursing facility stay must begin within 30 days after a hospital stay of 3 or more days in a row or a prior covered skilled nursing facility stay. Both the hospital stay and the skilled nursing facility stay must start while you are covered under this plan. Custodial care does not qualify as an eligible expense.

Lifetime Reserve Days are limited by Medicare to 60 days during your lifetime. Once these are used, Medicare provides no hospital coverage after 90 days of a benefit period.

Hospice Care means care for those who are terminally ill. Hospice Care typically focuses on comfort (controlling symptoms and managing pain) rather than seeking a cure.

General Information

The AARP Medicare Supplement Insurance Plans carry the AARP name and UnitedHealthcare Insurance Company pays a royalty fee to AARP for use of the AARP intellectual property. Amounts paid are used for the general purpose of AARP and its members. Neither AARP nor its affiliate is the insurer.

This package describes the AARP Medicare Supplement Plans available in your state, but is not a contract, policy, or insurance certificate. Please read your Certificate of Insurance, upon receipt, for plan benefits, definitions, exclusions, and limitations. AARP Medicare Supplement Plans have been developed in line with federal standards. **However, these plans are not connected with, or endorsed by, the U.S. Government or the federal Medicare program.** The Policy Form No. GRP79171 GPS-1 (G-36000-4) is issued in the District of Columbia to the Trustees of the AARP Insurance Plan. By enrolling, you are agreeing to the release of Medicare claim information to UnitedHealthcare Insurance Company so your AARP Medicare Supplement Plan claims can be processed automatically.

AARP does not recommend health related products, services, insurance or programs. You are strongly encouraged to evaluate your needs.

AARP and its affiliate are not insurance agencies or carriers and do not employ or endorse insurance agents, brokers, representatives or advisors.

This is a solicitation of insurance. An agent may contact you.

Exclusions

- Benefits provided under Medicare.
- Care not meeting Medicare's standards.
- Stays beginning, or care or supplies received, before your plan's effective date.
- Injury or sickness payable by Workers' Compensation or similar laws.
- Stays or treatment provided by a government-owned or -operated hospital or facility unless payment of charges is required by law.
- Stays, care, or visits for which no charge would be made to you in the absence of insurance.
- Any stay which begins, or medical expenses you incur, during the first 3 months after your effective date will not be considered if due to a pre-existing condition. A pre-existing condition is a condition for which medical advice was given or treatment was recommended by or received from a physician within 3 months prior to your plan's effective date.

The following individuals are entitled to a waiver of this pre-existing condition exclusion:

1. Individuals who are replacing prior creditable coverage within 63 days after termination, or
2. Individuals who are turning age 65 and whose application form is received within six (6) months after they turn 65 AND are enrolled in Medicare Part B, OR
3. Individuals who are "Eligible Persons" entitled to Guaranteed Acceptance, or
4. Individuals who have been covered under other health insurance coverage within the last 63 days and have enrolled in Medicare Part B within the last 6 months.

Other exclusions may apply; however, in no event will your plan contain coverage limitations or exclusions for the Medicare Eligible Expenses that are more restrictive than those of Medicare. Benefits and exclusions paid by your plan will automatically change when Medicare's requirements change.

Important Information About Cancellation

Your Medicare supplement plan can never be canceled because of your age, your health, or the number of claims you make. Your Medicare supplement plan may be canceled due to nonpayment of premium or material misrepresentation. If the group policy terminates and is not replaced by another group policy providing the same type of coverage, you may convert your AARP Medicare Supplement Plan to an individual Medicare supplement policy issued by UnitedHealthcare Insurance Company. Of course, you may cancel your AARP Medicare Supplement Plan any time you wish. All transactions go into effect on the first of the month following receipt of the request.

The AARP Insurance Trust

The AARP Insurance Plan ("Trust") is a trust that holds the master group insurance policy issued by UnitedHealthcare Insurance Company (UnitedHealthcare). Participants are issued certificates of insurance by UnitedHealthcare under the master group insurance policy. The benefits of participating in an insurance program carrying the AARP name are solely the right to receive the insurance coverage and ancillary services provided by the program in which you participate. Neither the Trust nor AARP provide insurance or guarantee the benefits offered by the insurer.

Premiums are collected from you on behalf of the trustees of the Trust. These premiums are used to pay expenses incurred by the Trust in connection with the insurance programs and to pay the insurance company for your insurance coverage. Income earned from the investment of premiums while on deposit with the Trust is paid to AARP and used for the general purposes of AARP and its members.



AARP Medicare Supplement Plans insured by: UnitedHealthcare Insurance Company

1-800-523-5800

For information about the family of health products and services

www.aarphealthcare.com

Your Guide

To AARP Medicare Select and Medicare Supplement Insurance Plans

This Guide contains detailed information about AARP Medicare Select and AARP Medicare Supplement Insurance Plans.

AARP Medicare Select and Medicare Supplement Insurance Portfolio of Plans, insured by UnitedHealthcare Insurance Company, provides a choice of benefits to AARP members, so you can choose the plan that best fits your individual supplemental health insurance needs.

To help you choose the AARP Medicare Select Plan or AARP Medicare Supplement Plan to meet your needs and budget:

- Look at the Cover Page, which shows the benefits of each Medicare Select and Medicare supplement plan and any specific provisions that may apply in your state. Also be sure to review the Monthly Premium information. Benefits and cost vary depending upon the plan selected.
- For more information on a specific plan, look at the chart(s) which outline(s) the benefits of that plan. The detailed chart(s) show(s) the expenses Medicare pays, the benefits the plan pays and the specific costs you would have to pay yourself.

Eligibility to Apply

To be eligible to apply, you must be an AARP member or spouse of a member, age 65 or over, enrolled in both Part A and Part B of Medicare, and not duplicating any Medicare supplement coverage.

Important Acceptance Information

- Your acceptance in any plan is guaranteed during your Medicare supplement open enrollment period which lasts for 6 months beginning with the first day of the month in which you are both age 65 or older and enrolled in Medicare Part B.
- If you lose health insurance coverage and are an eligible AARP member, you may be considered an “Eligible Person” entitled to guaranteed acceptance and you may have a guaranteed right to enroll in certain AARP Medicare Supplement Plans under specific circumstances. You are required to:
 1. Apply within the required time period following the termination of your prior health insurance plan.
 2. Provide a copy of the termination notice you received from your prior insurer with your application. This notice must verify the circumstances of your prior plan’s termination and describe your right to guaranteed issue of Medicare supplement insurance.

If you have any questions on your guaranteed right to insurance, you may wish to contact the administrator of your prior health insurance plan or your local state department on aging.



Questions? Call Toll Free:

1-800-523-5800

Weekdays, 7 a.m. to 11 p.m., Saturday 9 a.m. to 5 p.m., Eastern Time.

Hablamos Español — Llame

1-800-822-0246

de lunes a viernes de las 8 a.m. a las 5 p.m.,
y sábado de las 9 a.m. a las 5 p.m., hora del este.

TTY — for members with speech or hearing impairments —

711

Weekdays, 9 a.m. to 5 p.m., Eastern Time.

General Information

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AARP does not recommend health related products, services, insurance or programs. You are strongly encouraged to evaluate your needs.

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This is a solicitation of insurance. An agent may contact you.

Glossary of Terms

- **Medicare Eligible Expenses** are the health care expenses of the kinds covered under Medicare Parts A and B that Medicare recognizes as reasonable and medically necessary. Physicians under Medicare can agree to accept Medicare's eligible expenses as their fee amount. Your physician or surgeon may charge you more.
- **Hospital or Skilled Nursing Facility** – A hospital is an institution that provides care for which Medicare pays hospital benefits. A skilled nursing facility is a facility that provides skilled nursing care and is approved for payment by Medicare. The skilled nursing facility stay must begin within 30 days after a hospital stay of 3 or more days in a row or a prior covered skilled nursing facility stay. Both the hospital stay and the skilled nursing facility stay must start while you are covered under this plan. Custodial care does not qualify as an eligible expense.
- **Excess Charge** is the difference between the actual Medicare Part B charge as billed, not to exceed any charge limitation established by the Medicare program or state law, and the Medicare-approved Part B charge.
- **Select Hospital** is a hospital that has entered into a written agreement to provide services under a UnitedHealthcare Insurance Company Medicare Select Plan.
- **Medical Emergency** is the sudden and unexpected onset of symptoms, illness, injury, or condition; that if care or services are withheld, would be deemed, under appropriate medical standards, to carry substantial risk of serious medical complication or permanent damage to you.

- **Service Area** is the geographic area within which an issuer is authorized to offer Medicare Select coverage.
- **Lifetime Reserve Days** are limited by Medicare to 60 days during your lifetime. Once these are used, Medicare provides no hospital coverage after 90 days of a benefit period.
- **Hospice Care** means care for those who are terminally ill. Hospice Care focuses on comfort (controlling symptoms and pain) rather than seeking a cure.

Additional Information

Exclusions

- Benefits provided under Medicare.
- Care not meeting Medicare's standards.
- Stays beginning, or care or supplies received, before your plan's effective date.
- Injury or sickness payable by Workers' Compensation or similar laws.
- Stays or treatment provided by a government-owned or -operated hospital or facility unless payment of charges is required by law.
- Stays, care, or visits for which no charge would be made to you in the absence of insurance.
- Care or services provided by a non-participating hospital, except in the event of a medical emergency, or if the services are not available from any participating hospital in the service area.
- Any stay which begins, or medical expenses you incur, during the first 3 months after your effective date will not be considered if due to a pre-existing condition. A pre-existing condition is a condition for which medical advice was given or treatment was recommended by or received from a physician within 3 months prior to your plan's effective date.

The following individuals are entitled to a waiver of this pre-existing condition exclusion:

1. Individuals who are replacing prior creditable coverage within 63 days after termination, or
2. Individuals who are turning age 65 and whose application form is received within six (6) months after they turn 65 AND are enrolled in Medicare Part B, OR
3. Individuals who are "Eligible Persons" entitled to Guaranteed Acceptance, or
4. Individuals who have been covered under other health insurance coverage within the last 63 days and have enrolled in Medicare Part B within the last 6 months.

Other exclusions may apply; however, in no event will your plan contain coverage limitations or exclusions for the Medicare Eligible Expenses that are more restrictive than those of Medicare. Benefits and exclusions paid by your plan will automatically change when Medicare's requirements change.

MEDICARE SELECT DISCLOSURE STATEMENT

Please read this form carefully. The following information is provided in order to make a full and fair disclosure to you of the provisions, restrictions, and limitations of the AARP Medicare Select Plan. Please use the Cover Page, Outlines of Coverage and Rate Information which allows you to compare the benefits and rate of AARP Medicare Select and AARP Medicare Supplement Plans with other Medicare supplement plans.

Medicare Select Provider Restrictions

In order for benefits to be payable under this insurance plan, you must use one of the select hospitals located throughout the United States, unless:

- (1) there is a Medical Emergency; (2) covered services are not available from any select hospital in the Service Area; or (3) covered services are received from a Medicare-approved non-select hospital more than 100 miles from your Primary Residence.

In the case of (3) above, the following benefits may be payable subject to the terms and conditions of this plan:

- 75% of the Part A Medicare Inpatient Hospital Deductible amount per Benefit Period;
- 75% of the Part A Medicare Eligible Expenses not paid by Medicare; and
- 75% of the Part B Medicare Eligible Expenses for outpatient hospital services not paid by Medicare.

Only certain hospitals are network providers under this policy. Check with your physician to determine if he or she has admitting privileges at the Network Hospital. If he or she does not, you may be required to use another physician at the time of hospitalization or you will be required to pay for all expenses.

Right to Replace Your Medicare Select Plan

You have the right to replace your AARP Medicare Select Plan with any other AARP Medicare Supplement Plan insured by UnitedHealthcare Insurance Company that has the same or lesser benefits as your current insurance and which does not require the use of participating providers, without providing evidence of insurability.

Quality Assurance

Participating providers are required to maintain a quality assurance program conforming with nationally recognized quality of care standards.

FOR YOUR PROTECTION, PLEASE BE AWARE OF THE FOLLOWING:

Important Information About Cancellation

Your coverage can never be canceled because of your age, your health, or the number of claims you make. Your Medicare supplement plan may be canceled due to nonpayment of premium or material misrepresentation. If your group policy terminates and is not replaced by another group policy providing the same type of coverage, you may convert your AARP Medicare Select Plan or AARP Medicare Supplement Plan to an individual Medicare supplement policy issued by UnitedHealthcare Insurance Company. Of course, you may cancel your AARP Medicare Select Plan or AARP Medicare Supplement Plan any time you wish. All transactions go into effect on the first of the month following receipt of the request.

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Premiums are collected from you on behalf of the trustees of the Trust. These premiums are used to pay expenses incurred by the Trust in connection with the insurance programs and to pay the insurance company for your insurance coverage. Income earned from the investment of premiums while on deposit with the Trust is paid to AARP and used for the general purposes of AARP and its members.



AARP Medicare Select and AARP Medicare Supplement Plans
Insured by UnitedHealthcare Insurance Company

1-800-523-5800

For more information about
the family of health products and services

Visit www.aarphealthcare.com